



United Teachers of Dade - Sick Leave Bank

DO NOT DETACH - *Your enrollment confirmation will be mailed to you*

(Please Print)

Employee Number _____ Work Location _____

Employee Name _____ Payroll Code (*circle*) A C H J

I hereby authorize the School Board of Miami-Dade County, Florida to deduct one (1) day of my personal sick leave as my initial enrollment in the United Teachers of Dade Sick Leave Bank Program. I further authorize an additional day of deduction should the UTD Sick Leave Bank reach a point of depletion. I understand that there is a ninety (90) day waiting period before any claims to the Sick Leave Bank will be honored.

I understand that such membership is revocable upon ninety (90) days written notice to the United Teachers of Dade Sick Leave Bank Committee. The minimum deposit, however, shall remain in the UTD Sick Leave Bank.

Only full-time members of the Bargaining Unit who have been employed by Miami-Dade County Public Schools for at least one year and who have at least five (5) days or more of sick leave, are eligible for initial enrollment.

Employee Signature _____

Date ____/____/____

Date Rec. ____/____/____

Email this form to ana@utd.org or FAX to 305-576-7761